

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Blasé et al.
Serial No.: 09/819,574
For: Membrane Module
Filed: March 28, 2001
Examiner: Krishnan S. Menon
Art Unit: 1723
Customer No.: 27623
Confirmation No.: 2561

Attorney Docket No.: 608.0008USU

**MAIL STOP NON-FEE
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450**

Dear Sir:

AMENDMENT TRANSMITTAL

We are enclosing an Amendment in the above-identified application.

Petition for extension of time pursuant to 37 C.F.R. §§ 1.136 and 1.137 is hereby made if, and to the extent, required. The fee for this extension of time is calculated to be \$ 420.00 to extend the time for filing this response until February 26, 2004.

The fee for any change in number of claims has been calculated as shown below.

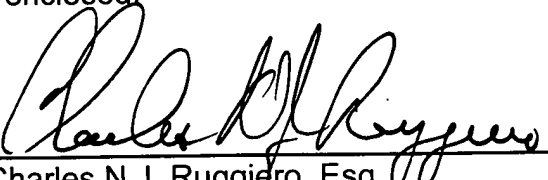
CLAIMS AS AMENDED						
	Claims Remaining After Amendment		Highest Number Previously Paid	Present Extra	Rate	
Total Claims	18	Minus	20	0	x \$18.00	\$
Independent Claims	3	Minus	3	0	x \$86.00	\$
MULTIPLE DEPENDENT CLAIM FEE				x \$290.00 = \$		
TOTAL FEE FOR CLAIM CHANGES				\$0		
1/2 FILING FEE FOR SMALL ENTITY				\$N/A		

The total fee for this amendment, including claim changes (\$0), and any extension of time (\$420) is calculated to be \$ 420.00.

X An Request for Continued Examination (RCE) is enclosed;

X The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. §§1.16 and 1.17 which may be required with this communication or during the entire pendency of the application, or credit any overpayment, to **Deposit Account No. 01-0467**. A duplicate copy of this Form is enclosed.

February 25, 2004
Date



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CERTIFICATE OF EXPRESS MAILING

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Certificate No. **EV 383028104 US**, service under 37 CFR §1.10 and is addressed to: Mail Stop Non-Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on February 25, 2004.

Mary R. Charles
NAME


SIGNATURE